

COMMUNITY DIRECTORY INFO FORM

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____

FAX: _____

WEBSITE: _____

HOURS: _____

EMAIL: _____

CONTACT PERSON: _____

TITLE: _____

OFFICE LOCATION:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Allston/Brighton | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Hyde Park/W. Roxbury | <input type="checkbox"/> Roxbury |
| <input type="checkbox"/> Charlestown | <input type="checkbox"/> East Boston | <input type="checkbox"/> Jamaica Plain | <input type="checkbox"/> South Boston |
| <input type="checkbox"/> Chinatown/ Downtown | <input type="checkbox"/> Fenway/Kenmore | <input type="checkbox"/> Mattapan | <input type="checkbox"/> South End/Back Bay |
| <input type="checkbox"/> Cambridge/Somerville | <input type="checkbox"/> Quincy/Milton | <input type="checkbox"/> Chelsea/Revere | <input type="checkbox"/> Malden/Everett |
| <input type="checkbox"/> Lynn/Saugus | <input type="checkbox"/> Other _____ | | |

POPULATION SERVED:

- | | | | |
|---------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Central American | <input type="checkbox"/> Haitian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Irish | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Italian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Portuguese | _____ |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Eritrean | <input type="checkbox"/> Puerto Rican | _____ |

LANGUAGES ON STAFF:

- | | | | |
|--|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> French | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Khmer | <input type="checkbox"/> Somali | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cape Verdean Creole | <input type="checkbox"/> Laotian | <input type="checkbox"/> Spanish | _____ |

Please give us a short description of your organization:

(This will be the description listed in the resource directory)

* * *

Do you coordinate any sports teams or leagues? Do you have any performing arts groups? Please describe:

Which of the following services do you provide or offer referrals to?

*If you wish to specify details of the program,
please use the blank lines available after each listing.*

ADULT EDUCATION

- ☐ ☐ Citizenship Classes _____
- ☐ ☐ ESL Classes _____
- What levels? ☐ Intro ☐ Intermediate ☐ Advanced
- ☐ Conversation ☐ Individual Tutoring
- Do you have a waitlist? ☐ Yes ☐ No
- Is there childcare available? ☐ Yes ☐ No
- ☐ ☐ Literacy Classes _____
- ☐ ☐ Job Training / Placement _____
- ☐ ☐ Other _____

AFTERSCHOOL / CHILDCARE

- ☐ ☐ Youth/Afterschool Programs _____
- What ages? ☐ Preschool ☐ Elementary/ Middle School (age 5-13) ☐ High School (age 14+)
- ☐ ☐ Child Care (including homecare) _____

LEGAL SERVICES

- ☐ ☐ Legal Services (please specify)
- ☐ Immigration _____
- ☐ Other _____

HEALTH / SOCIAL SERVICES

- ☐ ☐ Casework _____
- ☐ ☐ Domestic Violence Services (please specify) _____
- ☐ ☐ Food/Nutrition Services _____
- ☐ ☐ Health Services (please specify) _____
- ☐ ☐ Housing Assistance _____
- ☐ ☐ Interpretation and Translation _____
- ☐ For clients _____
- ☐ For other groups/events _____
- ☐ ☐ Mental Health Services (please specify) _____
- ☐ Adult ☐ Child ☐ Family ☐ Inpatient ☐ Outpatient ☐ Day treatment
- ☐ ☐ Parenting Classes _____
- ☐ ☐ Senior Services _____
- ☐ ☐ Substance Abuse Programs _____
- ☐ ☐ Other _____

POLICY ADVOCACY

- ☐ ☐ Policy Advocacy _____

OTHER / NO DIRECT SERVICES PROVIDED

- ☐ No direct services provided _____
- ☐ Other: _____
- _____
- _____

FEES

Do you charge fees for any of these services? ☐ YES ☐ NO

If yes, please specify: _____
